

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/ 59601D**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT				AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1						51					
2				1					52					
3				1					53					
4			1						54					
5									55					
6									56					
7									57					
8									58					
9									59					
10									60					
11									61					
12									62					
13									63					
14			1						64					
15									65					
16									66					
17									67					
18									68					
19			1						69					
20			1						70					
21				1					71					
22									72					
23									73					
24				1					74					
25					1				75					
26					1				76					
27									77					
28									78					
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37									87					
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39									89					
40									90					
41									91					
42									92					
43									93					
44									94					
45									95					
46									96					
47									97					
48									98					
49									99					
50									100					
TOTAL IND.									TOTAL IND.					
TOTAL DEP.									TOTAL DEP.					
TOTAL CLAIMS									TOTAL CLAIMS					

3
23
26

3
23
26